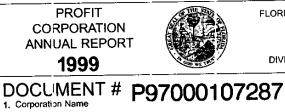
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

TP MANAGEMENT, INC.



FLORIDA DEPAF:TMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90098 016 \*\*\*150.00



Principal Place of Business Mailing Address									
1001 NW 13TH		1001 NW 13TH ST 102 BOCA RATON FL 33486				DO NOT WRITE IN TH	IS SPACE		
BOCO RATON FL 33486 US		US SOURCE SOURCE				3. Date in corporated or Qualifed			
						12/22/1997 4 FEI Number	<del> </del>	Anni	ied For
2. Principal Pl	ace of Business	2a. Mailing Address				64-0804170	-	<del>- ``</del>	Applicable
11		Suite, Apt. #, etc.					\$8.7		ditional
Suite, Art.	#, etc.	<u> </u>				5. Certifcate of Status Desired	<b>-</b>	e Reg	
27		City & State			<u></u>	6. Election Campaign Financing	\$5.	00 N	lay Be
City & State		28				Trust Fund Contribution	Add	ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	_	
24	25	29	30			Personal Property Tax.	Yes	<u>l</u>	]No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	d Agent		
				81	Name				
	MIDT, DAVID W			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			_
	N.E. FIFTH AVENUE			00					
DELI	RAY BEACH FL 33483			83					
				84	City		L 85	Zip C	ode
			<del>-</del>			tion submits this statement for the purpose	of changin	na its r	egistered
	to the provisions of S∈ctions 607.0502 egistered agent, or bo:h, in the State c m familiar with, and accept the obligati				he corporatio	oration submi's this statement for the purpose n's board of directors. I hereby accept the ap	rointment a	as reg	stered
SIGNATURE			T . De listano	Amont	signature required	(when reinstating) DATE			
	Signature, typed or printed na ne of registered agent OFFICERS ANI		13.	rigoni		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTO	₹S IN 12
TITLE	D OF TOLKS AND	DELETE	1.1 Ti	TLE			☐ Cha	ınge	☐ Addition
NAME	PACHIS, TIMOTHY J		1.2 N	AME					
STREET ADDRESS	THE PARTY OF THE PARTY HAS		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 C	ITY-ST	-ZIP				- Addition
TITLE		☐ DELETE	2.1 T	MLE			☐ Chi	ange	☐ Addition
NAME			2.2 N	AME					
STREET ADORESS			2.3 S	TREET	ADDRESS				
_CITY-ST-ZIP				CITY-S	T-ZIP		Ch	ange	Addition
TITLE		☐ DELETE	3.1 T	ITLE				,iigo	
NAME			. 3.2 N						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP		□ DELETE		CITY-S	T-ZIP			ange	Addition
TITLE		□ nere ie		TILE	İ		_		
NAME				NAME	ADDRESS				
STREET ADDRESS				OTY-S	1				
CITY-ST-ZIP		☐ DELETE		TTLE	1-2IF		Ch	ange	Addition
TITLE				NAME					
NAME			5.3 \$	STREET	ADDRESS				
STREET ADDRESS			5.4 (	CITY-S	T-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.11	TITLE			☐ Ct	ange	☐ Addition
NAME			6.21	NAME					
STREET ADDF ES			6.3 \$	STREE	T ADDRESS				
GILLEL MODE ES	٦								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/36/8700